



South Carolina Department of Social Services  
**VERIFICATION OF RECEIPT OF FAMILY INDEPENDENCE (FI) BENEFITS**

To: \_\_\_\_\_ County Department of Social Services      From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART I: EMPLOYER'S REQUEST FOR VERIFICATION**

For the purpose of claiming a tax credit under Sections 12-6-3470 and/or 12-6-3360 of the South Carolina Code of Laws, I request verification that the individual named below received a Family Independence stipend prior to employment by this company.

Business Name: \_\_\_\_\_ Federal I.D. No. or SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer/Representative's Signature: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Hire Date: \_\_\_\_\_

**PART II: EMPLOYEE'S INDICATION OF RECEIPT OF BENEFITS**

Did you receive a Family Independence (FI) stipend from the Department of Social Services for the three months before your hire date? ☐ Yes ☐ No If yes, please complete the Consent to Request Verification below. Then, return this form to your supervisor or the personnel office.

**CONSENT TO REQUEST VERIFICATION**

For the purpose of my employer claiming a South Carolina Family Independence Income Tax Credit, I hereby grant my employer permission to request verification of my current/former participation in the Family Independence Program from the Department of Social Services.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III: DEPARTMENT OF SOCIAL SERVICES VERIFICATION**

The Department of Social Services stipulates that the employee named on this form ☐ **DID** ☐ **DID NOT** receive a Family Independence stipend for the period prescribed by the S.C. tax codes cited in Part I prior to becoming employed by the business claiming the tax credit.

**Note:** Verification by SCDSS that the employee named on this form received an FI stipend for the period prescribed in Sections 12-6-3470 and/or 12-6-3360 of the S.C. Code of Laws, of at least the three months immediately prior to the month in which the client was hired, does not constitute, in and of itself, employer eligibility for the tax credit provided by the S.C. tax codes.

Comments: \_\_\_\_\_

DSS Representative's Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: Employers should request verification of receipt of Family Independence benefits from the local Department of Social Services in the county where the new employee resides. Requests for verification should be sent at the time of hire and no later than 30 days prior to the end of the employer's tax year. Completed forms may be mailed or faxed to the local DSS office. Addresses and contact information as well as this form are available on the SCDSS web site: [www.state.sc.us/dss](http://www.state.sc.us/dss).